

Billing and Policy Long Term Care Bulletin 318

September 2003

Contents

HIPAA

OPT OUT

Medi-Cal Training: 2003 Seminars

CCS Successful Billing Seminars

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.



HIPAA: Provider Manual Updates

The September 2003 Health Insurance Portability and Accountability Act (HIPAA) implementation resulted in the following changes in the Medi-Cal provider manuals. All changes are effective for dates of service on or after September 22, 2003.

Important: When you follow the remove and replace instructions in this bulletin and update your manual, please retain the pages you remove. Place them after the *Appendix* tab at the back of your manual. These page will help you bill for services that you rendered prior to September 22, 2003.

New HIPAA In Review

A handy *HIPAA In Review* guide has been included in this bulletin for you to insert in your provider manual at the end of the *Payment Request for Long Term Care (25-1) Completion* section. This guide summarizes important long term care-related changes that resulted from the September 2003 phase of HIPAA implementation.

Billing Limit Exception to Delay Reason Codes and "From-Thru" Billing

Billing Limit Exception Field (Box 11) and
Date of Service Field (Boxes 12 & 13)

BILL'G LIMIT EXCEPTIONS		DATE OF SERVICE	
		FROM	THRU
11	12	13	
2	4	092203	093003

Local Medi-Cal billing limit exception codes are being replaced with national delay reason codes. Delay reason codes are entered in the Billing Limit Exceptions field (Box 11). The delay reason code, which may be one or two characters, may not fit in the field because the original box on the claim was created for a single character. The Medi-Cal system is modified to scan data that overflows to the left of the field, as illustrated in the preceding graphic.

"From-thru" services with a "from" date of service on or after September 22, 2003 are billed with national codes. "From-thru" services with a "from" date of service prior to September 22, 2003 are billed with local Medi-Cal codes.

Please see HIPAA, page 2

HIPAA *(continued)*

Manual Changes

- The *Payment Request for Long Term Care (25-1) Completion* section is updated to include the preceding “from-thru” information.
- A *Code Correlation Guide* showing the relationship between billing limit exception and delay reason codes is added at the end of the *Payment Request for Long Term Care (25-1) Completion* section to help you understand how Medi-Cal billing limit exception codes have been converted to national delay reason codes.

Instructions for Manual Replacement Pages

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Part 2

Remove and replace: cif co 1/2 *
 distinct 1 *
 pay ltc comp 1/2, 7 thru 10, 15 thru 19

Insert at the end of
*Payment Request for
Long Term Care
(25-1) Completion*
section:

HIPAA In Review (new)
Code Correlation Guide (new)

Remove and replace: pay ltc sub 1 thru 6 *
 pay ltc tips 1/2 *
 subacut adu 3/4 *
 subacut code 1/2 *
 subacut lev 1 thru 4 *
 subacut ped 3/4 *

* Pages updated/corrected due to ongoing provider manual revisions.